PLEASE

VS A15

45.	
A	Evidence for
1	name of town
1 4	shown on
0	I FILM NO CO O P

addition of

of death is

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFIC	CATE	OF	DEA	TH
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			- 22
	Dist	No	282
a person	APIEL.	TACH	## 00 00 000 0x 0 00 0x 0 0 00 00 00 00 00

FILM No. G 9 5 HIN 16 1045 CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County No. 1 as 1 as	State County At M. Artis
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	Valley too me
How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Maude Rosalie Complete	2
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale Calered married	20. DATE DE DEATH Opil 1124 1945 at 5. A. M
B.(b) Name of husband or wife Louis Camplell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Jecuster 18 44 to the 11 18 45
7. Birth date of deceased (mo., day, yr.) June 7 1896	and that I last sew h
8. AGE: Years Mooths Days If less than one day	Immediate cause of death
48 10hrsmln.	My ocas dial tailure ca 2 rek
9. Birthplace Valley Les 14 man; Co ma	Due to. Chouse surrear delis and Neveral
10. Usual occupation.	Due to surroundial degene - sers.
11. Industry or business	ration
12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. unkname.	Major findings of operations.
2100. 000000 100000000000000000000000000	
16. Informant	Antopsy results
Address Fine Point, ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?)	Accident, sulcide, or homicide
Cemetery or crematory	Where did injury occur?
Location Valley Lee me	Injured at home, farm, Industry, public place (where?)
18. Funeral director It . & Frattinisles les	Means of Injury Injured at work?
Address Lengeloum Vmd	polest In Frank 4.7
4/12/11 19 19	23. SIGNATURE M. D. or other
19. (Date rol'd by registrar) Registrar	Address Resuar atom md. Date signed 4/11/45

APR 23 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 189

CERTIFICATE OF DEATH

04209

CERTITICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME John Francis Carres 4. Sex Volor or race B. (a) Single, married, widowed, or divorced Male Black Scinale	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. About 2 2 19.42 at 11.40 M. M.
A	
8.(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18. 7 × 10 19
7. Sirih date of	and that I last saw halive on 1
deceased (mo., day, yr.) (spril, 19, 1945	Immediate cause of death
8. AGE: Years Months Days If less than one day	AMMERIALE CAUSE OF GERTLAND
3hrsmin.	Bramatura birth & month
9. 8 irthplace (Town, county, and state)	Bue to
10. Usual occupation	Due to.
11, Industry or business	
12. Name Land Maryland Maryland	Other conditions
	(include pregnancy within 3 months of death)
14. Malden name Sarah Carroll 15. Birthplace Park Hall Mod	
B, 1 ~ 11 %	Major findings of operations
\$1 15. Birthplace (ark Hall film	
18. Informant Track Cartin	Autopsy results
Address Park Hall	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burill (Burlal, eremation, or removal. Which?) (Burlal, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
14	Where did injury occur? (City or town) (Connty) (State)
Cemelery or crematory	
Location Dark Halls Illed	Injured et home, farm, Industry, public place (where?)
10. Funeral director Charles Sasases VIII	Means of Injury Injured at work?
Address Cark Hall mol.	23. SIGNATURE page any Mo.
19. 4-23-19.45 (Date rec'd by registrar) Option (Date rec'd by registrar)	M. D. or other



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1	M	1
1	181	0
-	-	and and

1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /22-0

04210

CERTIFICATE OF DEATH

County City or town (17 odtside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced French Wh. Colored 6.(b) Name of husband or wife H. A. Colored	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace St Man, county, and state)	Due ta Myreacues' 3 P.s.
10. Usual occupation. 11. Industry or business 12. Name	Due to
16. Interment La Land Colored Address Look - Lo C	Antopsy results. PHYSICIAN: Please naderline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Cometery or crematory Date thereof (Jan 25 / Jan 25 / Ja	22_ VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Elever TVI. I waste. Address Hugher arela Ma	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. A 672 2 4 19 45 Julhari (Date fee'd by registrar) Registrar	Address Blarlotte Hucl Date signed

MAY 1 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

1. PLACE OF DEATH: St. Marys	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Dameron	State Maryland County St. Marys		
City or town Dameron (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town Dameron (If outside city or town limits, write RURAL and give nearest town)		
nospital, institution, or street audress where death occurred:	Street No.		
How long In hospital or Institution?	2.(a) 11 veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Amanda Jane Dameron	None		
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	2D. DATE OF DEATH April 16th 1945 ,1:30 P.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h. Ch. alive on africal 15 1945		
deceased (mo., day, yr.) Sept 14th 1857			
8. AGE: Years Months Days If less than one day			
87hrsmin	Coronan sclassis 3450		
a Maryland	Due to.		
9. Birthplace	General artino ederasis 10 years		
1D. Usual occupation. None	Due to.		
11. Industry or business	500 (
I 12 Name James Railey	- Dther condilions		
James Railey 13. Birthplace Unknown			
# 14. Malden name. Mary E. Taylor	(luciude pregnancy within 3 months of death)		
14. Malden name. Marky Hay Hay Hay Hay Hay Hay Hay Hay Hay Ha	Major findings of operations		
14. Malden name Mary E. Taylor 15. Birthplace Maryland 15. Informant J. Spencer Dameron	Date of op.		
16. Informant J. Spencer Dameron			
Address Dameron, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
A A	22. VIOLENCE: 11 death was due to external causes, 1ill in the following;		
17. Burial (Burial, cremation, or removal, Which?) Date thereof. 4. /19 / 45 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory St. Michaels	Where did injury occur?		
Location Ridge, Maryland	Injured at home, 12rm, industry, public place (where?)		
18. Funeral director. E. L. Robinson	Means of Injury Injured at work?		
Address Dameron, Maryland	2.0		
	23. SIGNATURE PASSAGE M.D. or other		
19. 4-17- 19. 45 p. Registrar) (Date rec'd by registrar) Torcal Registrar	Address Great Mills Md. Date signed 4-17-4		

RECKIVID APR 23 1985 BUREAU V.S.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88

04212

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: County. St. Mary's County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town US NAS Patuxent River, Waryland (If outside city or town limits, write RURAL and give nearest town)	State South Carolina County			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. Rt. 1. Box 166, Camden, S.C. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death				
Dispensary, US NAS Patuxent River, Md.	Street No			
How long In hospitat or institution? 9 days	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
HENRY, Marvin Petty Service number				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Single	20. DATE OF DEATH			
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above statist; that I attended deceased from			
7. Birth date of 7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	29 March 145 to 7 April 1945 and that I last saw h im alive on 7 April 1945			
deceased (mo., day, yr.) January 17, 1925	Immediate cause of death CURATION			
8. AGE: Years Months Days It less than one day	Choroiditis, acute			
20 2 21hrsmin.				
9. Birthplace. South Carolina (Town, county, and state)	Bue to Hyperthermia (typhoid): produced of the therax			
10. Usual occupation. Aviation Machinist Mate	partie administration of tripla typhoid roccines			
TT C North	Bue to Suppression of Urine, acute (Quantia):			
od // //	due to Repotentenal shocks Duration: 48 Rowsela			
12. Name Anknown	Other conditions CAPGA			
조 13. Birthplace	(Include pregnancy within 3 months of death)			
14. Malden name	Major findings of operations			
El 15. Birthplace				
18. Informani U. J. M.	Antopsy results			
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17 Thomasont tion not show 4-9-45	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Buriat, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur?			
Location Camden, South Caralina	Injured al home, farm, industry, public place (where?)			
18. Funeral direct PR Robinson's Funeral Home	Means of Injury Injured at work?			
Address Leonardtown, Maryland	R.H. Drinoll			
Audicas	23. SIGNATURE R. H. DRISCOIL, It. (NC.) U.S. Davy			
19. 4 9 19. 19. 4. 5 Registrar Registrar	Address NAS Patuxent River, Md. Bate stoned 4-9-45			



PLEASE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

2. USUAL RESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

County St Marin	(For newborn infants give residence of mother)
City or town. (If outsideficity or town limits, write RURAL and give nearest town)	State County S.J. Margan
How long in above place of death? 3 4 Lacs	(If ontside city or town limits, write RURAL and give mearest town)
Hospital, Institution, or street address where death occurred:	
***************************************	Street No. (If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
aliver Jacobsen	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH. April. 15 - 18 45 - 21 / 0. 25 2 M
8.(b) Name of husband or wife. Elaine Jacubaen	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
8.(c) If allve, give age 5 9 years	Chisas 1945, 10
7. Birth date of	and that I last saw h. Anti-dive on
deceased (mo., day, yr.) Olyber 9	Immediate cause of death Attach Arthur Arthur DURATION
8. AGE: Years Months Days If less than one day	Upasistin from Sant fack
60 6min.	Set aspesto bransail y you of the alleger
a Rithalace From him. nonway	Due to Cascenoma of Stomach 12 mis
9. Birthplace J. M. A. M. A. M. M. County, and state)	
1D. Usual occupation	Due to.
1t. Industry or business	
= 12. Name Laberte Lacabien	Other conditions
\$ 13. Birthplace I-ron hier noway	
× 01:	(Incinde pregnancy within 3 months of death)
15. Birthplace Troubin noway	Major fiadings of operations.
	Date of op.
16. Informant flassell Mall factors	Autopsy results.
Address Hally work md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. (Baseithen be live and april 29 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, our emoval. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mit a also	Where did injury occur?
Location Chicaga Ill	Injured at home, farm, industry, public place (where?)
16. Funeral director M. C. Mattingley Sins	Means of Injury Injured at work?
Address Llonardown and	444
14 11- 11-0	23. SIGNATURE M. D. or other
19. Tale (Bate rgc'd by registrar)	Address Address Date signed 4-19-45

APR 23 1945 BUREAU V.S. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 78

e 200

CERTIFICATE OF DEATH

Par Diet No 28/

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County St. Marys City or town Hollywood (rural) (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Ruby L. Jones			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white single	20. DATE OF DEATH April 13th 1945 at 11:30 NA		
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decoased from [A. J.		
8. AGE: Years Months Days If less than one day 5 12	Immediate canse of death DURATION 2 days		
9. Sirthplace. Hollywood, Maryland (Town, county, and state) 10. Usual occupation. None 11. Industry or business Thomas Jones	Due to		
13. Birthplace Maryland	Other conditions		
14. Maiden name Annie L. Ferguson 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations.		
15. Birthplace Maryland	Date of op.		
16 Informant Annie L. Jones	Autopsy results.		
Address Hollywood, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Applications Companies Co	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
18. Funeral director P. B. Robinson	Means of injury injured at work?		
Address Leonardtown, Md.	23. SIGNATURE SPECIAL M. D. or other		
19. 4 - 16 - 19.40 pafteray M.D.	M. D. or other M. D. or other		

APR 23 1945 BUREAU V.S.

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r age	A	age	15	sh	own	on
the state of	1/1	1.84 3	C	9	5	HIN

1. PLACE OF DEATH:

How long in above place of death?...

How long in hospital or institution?...

St. Marys

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE

2411	N.	Charles	St.,	Baltimore	1116
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THE PARTY OF THE P	

Reg. Dist. No.....

OF	DEATH	

Duluth

Major findings of operations.....

Accident, suicide, or homicide.....

injured at home, farm, industry, public place (where?) ...

Where did injury occur?

Means of injury

2. USUAL RESIDENCE (HOME (For newborn infants give residence	
State Minn e	County St. Louis

City or town. (If outside city or town limits, write RURAL and give nearest town) 1839 Wallace Ave. Street No

(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

Hospital, institution, or street address where death occurred:

3. (b) Social Security Number

MC	COY, Ruth	Ann	
4. Sex	5. Color or race		e, married, widowed, or divorced Married
6.(b) Name of husband	d or wifeWirt	MC C	Dy c) It alive, give age 31 years
deceased (mo., day,	yr.) 15 3	Tune 19	918
8. AGE: Yea	rs Months	Days	If less than one day
26 -27	9	23	hrs min.
11. Industry or busine	Housewife	county, and s	
F	Wisconsin		
14. Maiden name	Mahal Ot.		
16. informant	Husband		
Address			Point, Maryland
Chansp	ostation	Date there	ed 4-10-45

5 1945

Dispensary, NAS, Patuxent River, Maryland

12 hours

(If outside city or town limits, write RURAL and give nearest town)

(Great Mills)

20. DATE OF DEATH 8 April	, 45	at 0859 1
21. I CERTIFY that death occurred on the date above stated; that I atte		
		1945
Immediate cause of death Pulmonary Embolus		60 hrs.
Congestive Heart Failure		24 hrs.
DUC 10.		
Due to		
Other conditions		* *************************************
(Include pregnancy within 3 months of death)	***************************************	-

MEDICAL CERTIFICATION

PLAINLY, is especially

especially

Registrar

23. SIGNATURE Richard H. Driscoll. Lt.

Injured at work?

Address Disp. NAS, Patuxent River, Md Signed 4-9-45

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, flil in the following:

APR 23 1945 BUREAU V.S.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County Manager C	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Tenule Black Married 6.(b) Name of husband or wife Sharks (c) 11 alive, give age 5. O years 7. Birth date of	MEDICAL CERTIFICATION 2D. DATE OF DEATH
deceased (mo., day, yr.) 8. AGE: Years Months Days 11 less than one day 5-8 unknownhrsmin.	Immediate cause of death. OURATION Solution
9. Birthplace	Oue to. Introduction Machiner Space
12. Name	Other conditions
Address St Surgers Md 17. August 17. (945 - (Burial, cremation, or removal, Which?) Date thereo1. (Rand. 7. (945 - (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory. Mrt. Jion was long. Location At Nigora Mod. 18. Funeral director. L. Roferina.	Where did Injury occur?
19. Opto rec'd by registrar) 19. Opto rec'd by registrar) Registrar	23. SIGNATURE PARTIES M. D. or other Address Part Malls M. Date signed 4/6/45

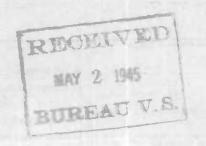


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7403

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provident infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mary Laur County St. Mary Co
(If outside city or town limits, write KUKAL and give nearest town) How long in above place of death?	City or town. Service and Country of the City or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where beath occurred:	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Joseph B. Morning JJ	3. (b) Social Security Number
1. Set 5. Color or race 6.(a) Single, married, widowed for divorced Wale white	MEDICAL CERTIFICATION 2D, DATE OF DEATH OF 1945 01 7
6,(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of deceased (mo., day, yr. April 30 - 1890	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
55 — —hrsmln.	
9. Birthplace Claudallblua (Town, county, and state)	Due to
10. Usual occupation. Pulsh	Due in
11. Industry or business	Due 10.
12. Name. Publicain 13. Birthplace Publicain	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Alleleenen 15. Birthplace Registerous	Major findings of operations
15. Birthplace	- Date of op.
18. Informant July Difficulty	Autopsy results
Address Deonard on May 127-1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or penoval. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Comotery or crematory Levy glown University	Where did injury occur?
Location Nablely In DC	Injured at home, farm, industry, public place (where?)
18. Funeral director In. G. Malling Gy. Jan	Means of Injury tnjured at work?
Address Temandeting Med	Trans a. Camelia
19.4/30 16/5 - Questier Registrar	23. SIGNATURE M. D. or other Address Landla M. Date signed 4.33/4.5



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

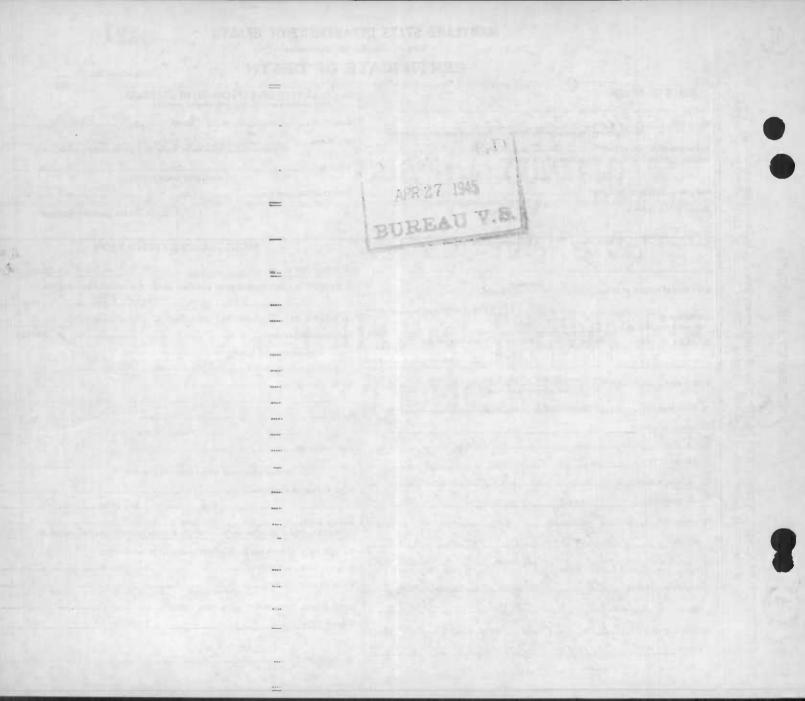
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

			76	3 1	1	
Reg.	Dist.	No.	10			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County A A Addition	2. 1
City or town (If delight city or town limits, write RUKAL and give nearest town)	State Many County St. Many
How long In above place of death? 3 2220161	(If outside city or fown limits, write RURAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No.
3. Mozilha	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
many alberta Pilkenton	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W	Au 212 UL BORD
1 Wildowed	20. DATE DE DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19 10 7 19 5
deceased (mo., day, yr.) Qual 15- 1872	and that I last saw hallive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
72 1 1min.	112600000000000000000000000000000000000
11.00 hard Amount mil	LILLE ACTOR
8. Sirihpiace (Town, county, and state)	Due to.
1D. Usual occupation. House Mife	
11. Industry or business	Due to
# 12 Name Maland A unell	
13. Birtholace It marys Go	Dther conditions
MI CONTRACTOR	(Include pregnancy within 8 mouths of death)
14. Maiden name. Assault The fill Mills	Major findings of operations
\$ 15. Birthplace of manys Co	Date of op.
16. Informant Mar Desisal	Antopsy results
Address California mil	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
2	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. It Island connections	Where did injury occur?
Location Library Wood Mile	Injured at home, farm, Industry, public place (where?)
Lucation Characteristics of the Characteristi	Means of Injury Injured at work?
18. Funeral director. A	AAA O
Address Tlonardiown Mil	1 / / / / / do an
4/95-45-000	23. SIGNATURE M. D. or other
Date rec'd by registrar)	Address Hear Mucel Date signed 25 KS



correct

1. PLACE OF DEATH:

How long in above place of death?...

How long in hospital or institution?.

6.(b) Name of husband or wife.....

Years

(Burial, cremation, or removal, Which?)

me

3. (a) FULL NAME

4. Sex

7. Birth date of

9. Birthplace ...

Address

18. Funeral director

8. AGE:

deceased (mo., day, yr.)

1D. Usual occupation.... 11. Industry or business

Hospital institution, or street address where death occurred:

march

Days

(Town, connty, and state)

Months

(If outside city or town limits, with RURAL and give nearest town)

acus

6.(a) Single, Married, widowed, or divorced

6.(c) If alive, give age

If less than one day

4/26/40 (month) (day) (year)

23. SIGNATURE

information carefully. The confidence of death clearly and legibly. Supply every item of itemses ease write the causes pld INK. UNFADING INK important. PLAINLY, vis especially WRITE PLEASE

MARGIN RESERVED FOR BINDING

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Cha

CERTIFICA

04219

M. D. or othe .Date signed

	Reg. Dist. No.	
2. USUAL RESIDENCE (HOM (For newborn infants give reside	IE) OF DECEASED:	
State	County	**********
City or fown(If outside city or tow	n limits, write RURAL and give neare	st town)
Street No(If rare	al, give LOCATION)	•••••
2.(a) If veteran, name war	***************************************	
o gr.	3. (b) Social Security No	umber
MEDICA	L CERTIFICATION	
20. DATE OF DEATH Opn	e 25 1945,	330
21. I CERTIFY that death occurred on the company 23	date above stated; that Lattended decease	ed from
and that I last saw h		184
Immediate cause of death Belateral		DURATIO
Maria		
	Marcha-pranora	······.
	p	
Due to Influence	erfeçli.	<u>-</u>
Due to Islanda Due to Jesputa	Carlo J.	<u>-</u>
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Due to Influence Due to Isesputa Diher conditions	erfell- 7 tract:	<u>-</u>
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Due to Diffuence Due to Diffuence Cinclude pregnancy wi Major findings of nperatinus Autopsy results PHYSICIAN: Please underline the cause	thin 3 months of death) Dale of op.	7
Due to	thin 3 months of death) Dale of op.	tistically.
Due to Du	thin 3 months of death) Dale of op. to which death should be charged starral causes, fill in the following: Date of	tistically.
Due to Du	thin 3 months of death) Dale of op. e te which death should be charged starral causes, fill in the following: Date of	stistically.

RECUTIVED

MAY 4 1945

BUREAU V.S.